United Nations A/66/497

General Assembly

Distr.: General
6 October 2011

Original: English

Sixty-sixth session
Agenda item 126
Global health and foreign policy

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Note by the Secretary-General*

The Secretary-General hereby transmits a report prepared by the Director-General of the World Health Organization, pursuant to General Assembly resolution 65/95.

* The report was submitted late to reflect the latest developments.

11-53530 (E) 191011

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Summary

The present report describes efforts taken by the international community in response to recommendations contained in General Assembly resolution 65/95 on global health and foreign policy, in which the Assembly further supported the close relationship and interdependence of global health and foreign policy with a view to strengthening coordination and coherence among these policy areas. The resolution also suggested that foreign policy contribute better to create a global policy environment supportive of global health and to increase greater effectiveness of governance for global health.

The report presents examples of how Governments and the multilateral system are working with a number of sectors to address health issues in order to influence better health outcomes. It explores the extent to which governance and priority-setting of non-health sectors are supporting global health, including identifying new opportunities. The conclusions acknowledge the continuing need for the foreign policy community to address global health issues, the need for greater and more in-depth understanding of this relationship and the importance of coherence between health and foreign policies within Member States in order to implement international accords. In the past two years, the greater interdependence of the world together with the need for comprehensive solutions to health and development issues has led to greater attention to "whole of Government" responses, recognition of shared public health risks and responsibilities, and mutual accountability. Specific recommendations are included related to social determinants of health.

In 2011 the landmark High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the High-level Meeting on HIV/AIDS have placed the need to take multisectoral actions to address risk factors for diseases and health responses involving prevention, treatment and the underlying health system, high on the international agenda. As is also the case for the Millennium Development Goals, responses require policy and technical interventions within other sectors to effectively contain and treat these major diseases and conditions affecting human health.

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I. Introduction

1. At its sixty-fifth session, the General Assembly adopted by consensus its resolution 65/95 on global health and foreign policy. The resolution recognizes the close relationship and interdependence of global health and foreign policy with a view to strengthening coordination and coherence among these policy areas and in order for foreign policy to contribute better to creating a global policy environment supportive of global health.

2. Resolution 65/95 builds on previous General Assembly resolutions (63/33, 64/108) and the previous reports on global health and foreign policy (A/64/365). These all stress the synergies between health and foreign policy in order to reinforce the advancement of global health goals through coordinated international efforts. Specific examples presented include coordination of efforts to control emerging infectious diseases and global pandemics, efforts to attain the Millennium Development Goals, and efforts to address the shortage of human resources for health.

3. Resolution 65/95 further underscores the fact that global health challenges require more concerted and sustained efforts in order to promote a global policy environment supportive of global health. In particular, the resolution highlights the need for countries to:

- Improve the coordination, coherence and effectiveness of governance for global health
- Consider the role of the State and other stakeholders in improving the coordination, coherence and effectiveness of governance for global health
- Enhance the coordination of policies addressing the social determinants of health.

4. The strategic importance of health has been recognized as central to the achievement of internationally agreed development goals, including the Millennium Development Goals. The Secretary-General has stated that health is at the heart of the Millennium Development Goals; it is the specific subject of three Goals and a critical precondition for progress on most of them.

5. Health and poverty are closely interlinked with social and economic determinants modulating progress in health, and are central to sustainable and economic development, and to protection of the environment. Health has increased the political importance of, and is influenced by, security, social and economic development, humanitarian, trade, and human rights issues — all well represented in United Nations forums.

6. Over the past several years, a number of high-level meetings, summits and forums have addressed health issues and identified national and international commitments. In 2010 and 2011 they included the Millennium Development Goals Summit, the High-level Meetings on HIV/AIDS, and the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. The latter represents only the second time the General Assembly has discussed health issues in high-level meetings. These meetings, together with many others, concurrently raise the profile of health while introducing opportunities for non-health sectors to consider how their actions and priorities could have an impact

on health outcomes. The report of the Secretary General, entitled "Global health and foreign policy: strategic opportunities and challenges" (A/64/365), identified many of the sectors and possible issues of joint interest for health and foreign policy objectives. In turn, the way in which the non-health sectors set their respective priorities (e.g. environment, trade, economics, migration, urban planning, agriculture, foreign policy) influences peoples' health. In this regard, exploring the concept of "global governance for health" involves a better understanding of how health outcomes are influenced by the way these sectors are governed, both individually and collectively.

7. Addressing global health, including increasing prevention strategies, response and the capacity of public health and health-care systems, requires high-level political engagement and support, as well as multisectoral responses. Working together under established national and international frameworks, multiple ministries within countries, communities, the multilateral system, as well as non-governmental organizations and the private sector can achieve sustainable results. Underlying "whole of Government" responses, as noted in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (General Assembly resolution 66/2, annex), are the need for coordinated multisectoral action and use of information to support mutual accountability.

8. The concomitant financial, food price and fuel crises affecting the world since 2008, together with significant natural disasters and outbreaks of pandemics and emerging infectious diseases, have had major impacts on the health of people and demonstrate the increased interdependence of the world and its institutions in identifying solutions. Moreover, inequities in access to health care can increase during these times of crisis, leading to a need for the multilateral system to support countries in developing social protection policies and to ensure that special efforts are made to maintain public health and primary health-care functions during these periods.

9. The Commission on Social Determinants of Health and the subsequent World Health Assembly resolution (61.14) set out a landmark plan of action supporting the use of health as a lens for foreign policy as well as to concretely address multisectoral action for health.[1] The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at the global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are the main cause for health inequities — the unfair and avoidable differences in health status seen within and between countries.

10. In the past year, United Nations agencies and Member States have acted to implement the recommendations and specific obligations contained in declarations of United Nations high-level meetings. This has resulted in a greater need for ensuring the coordination, coherence and effectiveness of collective and individual country efforts.

[1] See *Closing the gap in a generation*, available from www.who/social_determinants.

II. Improving coordination, coherence and effectiveness of governance for global health

11. The previous report on global health and foreign policy (A/65/399) outlines a number of approaches, organizational platforms and instruments used internationally, regionally and nationally to improve coordination and coherence of global and foreign policy, thereby contributing to improving health outcomes. The report provides the basis for further exploration of processes and structures that could be improved to increase the effectiveness of coordination and coherence of global health and foreign policy.

12. The interplay between and convergence among multiple causes, risk factors and diseases, as well as participating institutions and their contributions, and the availability of various hard and soft diplomatic and legal instruments require increased attention to coherence across sectoral policies and institutions. Improving governance for global health therefore requires exploration of the extent to which governance and priority-setting of non-health sectors are supporting global health, including identifying new opportunities. A number of examples below illustrate how existing and new global health priorities depend on multisectoral approaches.

13. Whereas health involves a series of technical interventions, the implementation of health programmes (including multisectoral programmes) requires attention to, and resolution of, issues familiar to foreign policy and national decision makers: resource allocation; trade; technology transfer; intellectual property; aid effectiveness; mutual accountability; quality of governance; national sovereignty; and concepts of human security. In parallel, the concept of sustainable development supports greater multisectorial attention to health as it "seeks to bring together not only the three domains — economic, social and environmental — but also developed and developing countries, Governments, businesses and civil society, scientific knowledge and public policy, the city and the countryside, and present and future generations" (A/CONF.216/PC/2, summary).

14. Driving the need for better governance for global health and its implications for priority setting, multisectoral action and opportunities for Member States to negotiate on difficult issues, notably cross-border issues, is the recognition of health as contributing to and being influenced by economic growth and social stability and its role as a global public good. The importance of the International Health Regulations and the obligations they place on Member States and the World Health Organization (WHO) to respond to the emergence of any new public health emergency of international concern has been well documented.

Platforms for increasing greater coordination and coherence

15. Given the relationship between health and foreign policy interests, platforms for Member States to negotiate on interests that have cross-border consequences and for specific foreign policy issues are critical to improving coordination and coherence.

16. On the international level, the point of convergence for debating and negotiating global health policy is the World Health Assembly and WHO. As the directing and coordinating authority in international health work and the United Nations specialized agency for global health, WHO has long served as the international agency setting and monitoring norms and standards in health. It is

unique given its institutional mandate, legal authority and technical expertise. With many global health issues becoming highly politicized and moving out of the purely technical arena of global public health, they gain a strategically important place in the agenda of foreign policy and development policies. In response, the role of WHO in intergovernmental negotiations and selected foreign policy instruments has evolved.

17. With health issues touching on more complex and controversial issues, the World Health Assembly has engaged more frequently and proactively on health issues, including on initiatives and activities that heighten the linkage between foreign policy and global health. As part of the constitutional mandate of WHO, WHO and the World Health Assembly have used major foreign policy instruments, such as treaties and regulations (e.g. the International Health Regulations (2005) and the Framework Convention on Tobacco Control (2003)), intergovernmental working groups (e.g. Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, the Open-Ended Working Group of the Intergovernmental Meeting on Pandemic Influenza Preparedness: sharing of influenza viruses and access to other benefits, the Consultative Expert Working Group on Research and Development: Financing and Coordination, and the intergovernmental Working Group on Substandard/Spurious/Falsely-Labelled/Falsified/Counterfeit Medical Products), and member State adoption of voluntary codes (e.g. the Global Code of Practice on the International Recruitment of Health Personnel). The recent WHO Regional Committee for Europe resolution EUR/RC60/R6, entitled "Health in foreign policy and development cooperation: public health is global health", is emblematic of the growing engagement of WHO in this arena.

18. Efforts to advance health within the United Nations have relied on actions by Member States in the General Assembly, within the annual meeting of the Economic and Social Council and its various segments, as well as coordination mechanisms in the United Nations. During the sixty-fifth session of the Assembly, Member States considered and adopted resolutions on specific health issues such as the Millennium Development Goals (resolution 65/1), non-communicable diseases (resolution 65/238), persons with disabilities (resolution 65/186), obstetric fistula (resolution 65/188), sport as a means to promote education, health and peace (resolution 65/4), as well as several on humanitarian responses (resolutions 65/133, 65/135, 65/136, 65/157, 65/177 and 65/264).

19. WHO has actively participated in high-level United Nations coordination bodies, including those involving heads of agencies, to pursue greater coordination, coherence and solutions by providing leadership on health issues within those entities. Principal among them is the United Nations System Chief Executives Board for Coordination (CEB) and its subsidiary mechanisms. Moreover, the time-bound standing ad hoc task forces on specific issues — UN-Water, UN-Energy and UN-Oceans — provide opportunities for joint problem solving and development of policy recommendations.

20. Whereas the United Nations provides an opportunity for States to work together to identify collective solutions, the importance and engagement of non-State stakeholders has increased rapidly in the past years. The United Nations employs mechanisms for non-State actors to be observers in the Organization's governing bodies, as well as more informal methods to sponsor dialogue on a number of programmatic and technical issues. With increased interest in health, the

number of global health initiatives, public-private partnerships, foundations, non-governmental organizations and private sector entities has expanded greatly. They include new organizational models, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Alliance for Vaccines and Immunizations, which have evolved as independent foundations. The WHO partnerships policy, adopted at the 2010 World Health Assembly, establishes a set of criteria governing the way in which WHO engages with the variety of partnerships. The means to increase alignment of all of these stakeholders within a country and internationally has been the subject of discussion both in the boards of some of these entities, within the WHO-World Bank-facilitated International Health Partnership and the Development Assistance Committee in the Organization for Economic Cooperation and Development (OECD).

21. In response to the need to enhance representativeness of dialogue throughout sectors concerning issues of relevance to aid, and in turn to foreign policy, the OECD Working Party on Aid Effectiveness was reformed to broaden the base of multi-stakeholders (broad representation of countries, multilateral organizations, non-governmental organizations, private sector associations, global funds, international financing institutions, intergovernmental organizations) under the auspices of OECD. Similarly, the Development Cooperation Forum of the Economic and Social Council, which brings together developing and developed countries, parliamentarians and civil society organizations, local governments and the private sector, will convene at the 2012 session of the Council to discuss development cooperation.

22. Essential to improving global governance for health at the national level is enhancing national ownership through better defined national health plans and strategies, and multi-stakeholder support for such plans, obtaining high-level attention to health, securing predictable, flexible and sustainable financing (nationally and internationally) to address inequities in health access, monitoring and evaluating results and use to track accountability, increasing the alignment and harmonization of external assistance, and fostering linkages throughout sectors. These actions are embodied as principles of the International Health Partnership, for which WHO and the World Bank provide a secretariat. Further reinforcing country health and multisectoral decision-making based on principles such as national ownership, sustainability, predictability and aid effectiveness are the non-binding Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. The Fourth High-level Forum on Aid Effectiveness, to be held in Busan, Republic of Korea, in November 2011, will address issues to improve aid effectiveness more generally, together with special attention to health as a tracer sector. While there are significant aid flows to countries, equally important are South-to-South collaboration and triangular cooperation.

23. Recalling the significant linkages of health with sustainable development, the 2012 United Nations Conference on Sustainable Development (Rio+20) will review progress against previous commitments embodied in the Stockholm Declaration (1972), Agenda 21 (1992), the Rio Declaration on Environment and Development (1992) and the World Summit on Sustainable Development (Johannesburg Plan of Implementation) (2002). Among the themes to be discussed at the Conference will be an institutional framework for sustainable development that seeks to improve coherence across economic, environmental and social issues. The nature of institutional relationships and structures could also be discussed.

24. In 2011 several United Nations agencies have worked together to apply innovative approaches to increasing multisectoral responses for health, while simultaneously providing platforms for multilateral dialogue and, in some cases, negotiations. They include the United Nations Commission on Information and Accountability for Women's and Children's Health (WHO and the International Telecommunication Union (ITU)), the conclusions of the Open-Ended Working Group on Pandemic Influenza Preparedness (WHO with contributions from the World Intellectual Property Organization (WIPO)), the Social Protection Floor (International Labour Organization (ILO) and WHO) and the joint United Nations actions to accelerate efforts to save the lives of women and newborns ("H4 Plus": WHO, United Nations Population Fund, United Nations Children's Fund, World Bank, Joint United Nations Programme on HIV/AIDS).

25. **United Nations Commission on Information and Accountability for Women's and Children's Health**. In 2010 as a follow-up to the Millennium Development Goals Summit, the Secretary-General requested WHO to organize the United Nations Commission to track commitments made and results achieved in implementing the Global Strategy for Women's and Children's Health. The Commission, chaired by the President of United Republic of Tanzania and the Prime Minister of Canada, and vice-chaired by the Director-General of WHO and the Secretary-General of ITU, proposed a framework for global reporting, oversight and accountability on women's and children's health, key to global health and foreign policy discussions. The Commission, with a six-month lifespan, demonstrated the utility of a unified approach among sector representatives (Government, multilateral agencies and civil society, public-private partnerships and the philanthropic sector) to tracking resources and results, thereby increasing accountability.

26. **Pandemic Influenza Preparedness Framework**. A concrete example of good governance for global health lies in the successful conclusion of negotiations by Member States on the Pandemic Influenza Preparedness Framework[2] as part of the Open-Ended Working Group of the Intergovernmental Meeting on Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits. The Framework was the result of coordinated foreign policy and health policy negotiations, involving input not only from Member States but also from non-governmental organizations and the private sector that participated in separate interactions. It creates a fair, transparent, equitable and efficient system for the sharing of influenza viruses with human pandemic potential, and for the sharing of benefits, including access to and distribution of affordable vaccines, diagnostics and treatments, to those in need, especially in developing countries, in a timely manner. Contributing to these negotiations were technical studies conducted by WHO and reviews of relevant patents by WIPO, as requested by Member States.

27. **Social Protection Floor**. The Social Protection Floor initiative, co-led by ILO and WHO, represents an example of an integrated set of policies addressing health and social inequities. Working together, ILO and WHO, together with 18 other United Nations agencies and 4 international non-governmental organizations, are addressing income security (through social transfers, including pensions, income support, child benefits and disability benefits) and, in so doing, empowering communities and ensuring access by individuals to basic social services (for

[2] See report by the Open-Ended Working Group of Member States on Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits (WHO, World Health Assembly report A64/8.

example health, water, housing and education). Originally conceived as one of nine elements of the joint United Nations response to the financial crisis, the Social Protection Floor has been endorsed by CEB and by Heads of State and Government at the 2010 Millennium Development Goals Summit. The concept has evolved into a vehicle for pursuing a more integrated and equitable approach to the achievement of the Goals, and as a paradigm for development post-2015. The Social Protection Floor has received a considerable boost by its prominence in the Action Plan for Development of the Group of 20.

28. **H4 plus and Millennium Development Goals 4 and 5**. Efficiency in coordination can be achieved through specific United Nations agency collaboration. In the follow-up to the Millennium Development Goals Summit, and specifically to Goals 4 and 5, the Secretary-General has encouraged a set of United Nations agencies, the aforementioned "H4 plus" group to work together to accelerate progress on maternal and newborn health. Those entities are also the key technical partners for the United Nations Secretary-General's Global Strategy for Women's and Children's Health, a road map for collective global action to ensure universal access to essential health services and proven, life-saving interventions through strengthened health systems. The have jointly programmed their maternal and newborn health work in such countries as Bangladesh, the Democratic Republic of the Congo, Ethiopia, Nigeria and Afghanistan. They have also mapped gaps within their country-level support and the respective roles and responsibilities in the 25 high-focus countries to ensure effective coordination, developed a joint action plan, carried out joint technical support missions and coordinated support in some of the 25 countries with the highest burden of maternal mortality.

29. As the constituency with the most extensive reach in low-income/high-burden countries, the H4 plus agencies have resolved to manage the follow-up on the commitments made to the Global Strategy by ensuring the provision of equity-based, integrated and coordinated support to countries' health plans, in full compliance with the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, taking advantage of synergies throughout the health sector, sharing with countries evidence-based interventions, peer-country learning and best practices that contribute to improving maternal, newborn and child health/reproductive health, and utilizing the value-added of each agency present at the country level to accelerate results in line with existing coordinating processes.

30. **Humanitarian response**. In addressing and responding to the many complex emergencies in the world, including an increasing number of very large crises (as seen in Haiti, Japan and Pakistan), the humanitarian system relies on the Hyogo Framework as well as broad coordination mechanisms (i.e. the Inter-Agency Standing Committee) to set priorities and ensure coordination across sectors and stakeholders. The number of natural disasters has increased (373 in 2010 compared with 328 in 2009), killing nearly 297,000 people, affecting almost 208 million others and causing an estimated $110 billion in damages (see A/66/81). Complex emergencies (over a dozen, affecting 42 million people) and armed conflict have increased the pressures on humanitarian assistance and response. The United Nations response (including health, foreign policy and humanitarian relief dimensions) relies on the Inter-Agency Standing Committee and its cluster approach, composed of the United Nations, the World Bank and regional development banks, and non-governmental organizations. This system is a model whereby governance is manifested through the participation of the various entities under the overall leadership of the Office for the Coordination of Humanitarian Affairs.

31. In order to improve the operation of clusters and inter-cluster coordination, information management and the speed of response to natural disasters and protracted crises, environmental disasters and increasing food insecurity in a coordinated, coherent and accountable way, the United Nations Under-Secretary-General for Humanitarian Affairs is leading a review process of the Inter-Agency Standing Committee. Given the record request of US$ 7.4 billion for humanitarian response through the 2011 consolidated appeals process, the Standing Committee is also increasing accountability to donors and to beneficiaries, and improving defining successes and managing expectations.

32. Through the International Health Regulations and as a result of World Health Assembly resolution 64.10 on strengthening national health emergency and disaster management capacities and resilience of health systems, WHO is playing an important role in strengthening the preparedness of health systems for emergencies, including through programmes on safe and prepared hospitals and training for health-care workers in order to enhance the resilience of communities, and ensuring safe drinking water.[3] Supporting countries through advanced planning is required to fully integrate health in strategies for disaster risk reduction and sustainable recovery, including for transition planning between emergency response and long-term development to ensure a sustainable recovery.

33. Ensuring adequate health preparations before disasters and responses after disasters has become part of foreign policymakers' tasks in addressing such humanitarian crises. Embedding health considerations into policy strategies and legal frameworks on preparing for and responding to natural disasters, humanitarian relief, and complex emergencies is critical. Lessons learned in this area can be helpful in the formulation of foreign policy responses to other health-adverse crises, including energy, food and economic crises.[4]

34. Given the limited ability of the health sector to shape policy in security and armed conflict situations, foreign policymakers can contribute more effectively to health outcomes by using, among other policy tools, a "health lens" to make, monitor and measure progress on national and international security strategies. Joint foreign policy, health policies and action are required to ensure that countries in post-conflict and reconstruction after natural disasters attain their Millennium Development Goal targets, ensure access to operational health systems and control the spread of diseases in situations of large mobility of populations. Yet, to truly achieve the Goals, armed conflict and its impact on development and the health of populations must be addressed.[5]

35. **Human rights**. Health issues continue to be increasingly framed as human rights challenges and, as such, gain prominence on the international human rights agenda. The United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health addressed the issue of the disposal of hazardous medical waste and its impact on the right to health, in particular, the adverse effects of the movement and dumping of toxic and dangerous products and wastes on the enjoyment of human rights. Reports

[3] See World Health Assembly resolution 64.24 on drinking water, sanitation and health.

[4] See E/2010/88.

[5] See General Assembly resolution 63/23 and the Secretary-General's report on promoting development through the reduction and prevention of armed violence (A/64/228); see also the Geneva Declaration on Armed Violence and Development (7 June 2006).

by the Special Rapporteur addressed development, access to medicines, older persons and the criminalization of certain forms of sexual behaviour. In a parallel stream in New York, the open-ended working group established by the United Nations General Assembly to consider the feasibility of further instruments and measures to address the human rights of older persons met twice during 2011. Moreover, resolutions on preventable maternal morbidity and mortality, and the right to health in the context of development and access to medicines were adopted by consensus by the United Nations Human Rights Council.

36. **WHO Framework Convention on Tobacco Control**. The Framework Convention illustrates a landmark instrument that facilitates coordinated action not only among States, but also among multilateral and civil society actors. In this regard, the Framework Convention represents a powerful global public good for health. It positions health as a critical element of foreign policy and of governance for health, through the existence of the instrument's governing body, the Conference of the Parties to the Framework Convention. In addition to catalysing intersectoral action and global health regulation to combat the world's leading preventable cause of death, the Framework Convention highlights the vital intersection between international trade and health, particularly in the context of a new era of trade and investment liberalization.

37. The process of implementation of national regulatory measures designed to curb tobacco consumption by States has elevated the connection of international trade policy with health in global policy agendas. As an example, the political relevance of the linkage between trade and health under the Framework Convention is demonstrated by the adoption of the Punta del Este declaration by the fourth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, held in Punta del Este, Uruguay, in November 2010.[6] In the preamble, the parties recognize that measures to protect public health, including measures implementing the Framework Convention and its guidelines fall within the power of sovereign States to regulate in the public interest, and recall a number of provisions in WTO law that affirm the regulatory autonomy of WTO members. The declaration goes on to state both the commitment of parties to implement the Framework Convention and their legal authority to do so within the boundaries set by WTO-covered agreements. Whether viewed as merely a political instrument or as customary international law with respect to sovereign powers of States to regulate in the public interest, the recognition by Member States of the effects of trade policy on health provides a fundamental signal of the importance of the integration of health as an element of foreign policy.

"Whole of Government" responses to health challenges

38. States and the international community need to achieve results in line with the obligations noted in negotiated solutions and internationally agreed declarations and accords. Improving governance for health and its related needs for greater coordination, coherence and effectiveness, requires attention to the interplay of health and non-health policies that have a direct impact on achieving health outcomes. Multisectoral approaches, represented by "whole of Government"

[6] Punta del Este Declaration on the implementation of the WHO Framework Convention on Tobacco Control, Conference of the Parties to the WHO Framework Convention on Tobacco Control, fourth session, Punta del Este, Uruguay, 15-20 November 2010, FCTC/COP/4/DIV/6; also available from http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4(5)-en.pdf.

responses, are required to address the complex nature of global health to achieve results and contribute to social stability, reflecting close relationships between health and human rights, poverty eradication, hunger and nutrition, trade, development, education, gender equality, reduction of inequities, humanitarian action and sustainable development. Addressing vulnerabilities faced by large populations and related inequalities are central to achieving the Millennium Development Goals and to addressing the social determinants of health. The latest global health issue requiring major multisectoral action is addressing non-communicable diseases.

39. **Non-communicable diseases**. The Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases recognized the need for concerted action and coordinated response at all levels in order to adequately address the development challenges posed by such diseases. It sets out a comprehensive approach to develop, strengthen and implement multisectoral public policies and actions through "whole of Government" policy and programmatic action. The engagement of all sectors of society is called for to stem the tide of the rising prevalence, morbidity and mortality of preventable non-communicable diseases worldwide. Such actions are seen as essential to address the risk factors of non-communicable diseases and underlying determinants of health comprehensively and decisively. The Declaration calls upon Member States to implement multisectoral policies taking into account the 2008-2013 WHO Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, and to integrate actions to address non-health risk factors. The Declaration requests WHO, and in consultation with Member States, United Nations funds and programmes, and other relevant international organizations, to submit options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership.

40. Underlying the High-level Meeting were previous United Nations General Assembly resolutions, together with coordination with each of the United Nations regional commissions convening regional hearings. The Meeting further relied on a set of previously negotiated resolutions of the World Health Assembly and outlines and plans documenting the need for national and international responses to non-communicable diseases: the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases;[7] negotiated global strategies on infant and young-child feeding;[8] diet and physical exercise;[9] and the reduction of the harmful use of alcohol;[10] and one of two WHO treaties, the Framework Convention on Tobacco Control.[11]

41. Prior to the High-level Meeting and its attention to managing and reducing underlying risk factors, progress was made to develop "Health in All" policies and to document action to consider health in the context of broader urban planning.

42. **HIV/AIDS**. The signers of the Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV/AIDS (General Assembly resolution 65/277, annex) commit to redouble efforts to achieve, by 2015, universal access to

[7] See World Health Assembly resolution 61.14.
[8] See World Health Assembly resolution 55.25.
[9] See World Health Assembly resolution 57.17.
[10] See World Health Assembly resolution 63.13.
[11] See World Health Assembly resolution 56.1.

HIV prevention, treatment, care and support as a critical step towards ending the global HIV epidemic. A long-standing example of foreign policy and global health mutual interest, making progress on HIV/AIDS requires comprehensive multisectoral actions involving countries and multiple United Nations agencies. These include, in the words of the Declaration, the commitment to

> intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health care, employment and social services, provide legal protections for people affected by HIV, including inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms, with particular attention to all people vulnerable to and affected by HIV (para. 77).

Member States also agreed to review laws and policies that have an adverse impact on the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with and affected by HIV.

43. **Human resources for health**. The adoption of the Global Code of Conduct for the International Recruitment of Health Personnel[12] by the World Health Assembly in May 2010 was the product of multi-year negotiations among member States at the World Health Assembly and WHO regional committees, at the Group of 8, at Economic and Social Council meetings, and with a variety of non-State interested parties.

44. WHO is developing guidelines for Member States to monitor and report on the implementation of the Code at the country level.[13] The implementation of the Code is crucial to coordinating a global response to the international recruitment and migration of health personnel. Overall, the proposed structure and content of the guidelines were approved by Member States and other stakeholders in April 2011. Such reporting will permit the introduction of evidence-based interventions and will involve multiple sectors. WHO will play a central role in elaborating common definitions through its continued work with OECD. The latter involves addressing a variety of issues and tapping the diversity of possible sources of information. The use of evidence-based information will facilitate the continued, necessary application of foreign policy to support countries in their review of policies, including recruitment and retention policies, that exacerbate this problem.

45. **Control of emerging infectious diseases and foreign policy**. As emerging infectious diseases know no borders, collective, global action is necessary to deal with them. The 2009 influenza A (H1N1) pandemic served as a reminder that preparedness and the provision of timely information are keys to managing and containing potential pandemics. Such efforts require the engagement of the public and private sectors. Moreover, the International Health Regulations require that multiple parts of Government are involved in preparing and responding to potential biological, radiological and chemical threats. Further international cooperation is required to meet emerging, new and unforeseen threats and epidemics. Such efforts were documented in 2010 when WHO convened a meeting of the Review Committee

[12] World Health Assembly resolution 63.16, annex.

[13] Available from www.who.int/hrh/migration/code/hearing_guidelines_ms/en/index.html.

on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009, in order to explore lessons learned from the pandemic.[14]

46. **Health and the environment**. The health and environment linkage is another example of applying a health lens to foreign policy development. Several international compacts document the need for multisectoral policies and actions to address the protection of the environment and to react to the consequences of climate change on health. For example, the United Nations Conference on Environment and Development, in the Rio Declaration on Environment and Development proclaimed that human beings are at the centre of concerns for sustainable development and are entitled to a healthy and productive life in harmony with nature. The parties to the United Nations Framework Convention on Climate Change further specified the need for taking climate change considerations into account in multisectoral policies and actions, and for employing appropriate methods to minimize adverse effects on the economy, on public health and on the quality of the environment of projects or measures undertaken to mitigate or adapt to climate change. WHO, together with the United Nations system, continues to review and address the challenges of global health in a changing environment.[15] The Rio+20 conference is expected to further discuss health and environment issues in the context of sustainable development. An objective for global health and foreign policy is to ensure that health is considered as a priority in international environmental governance discussions, including the need for a more effective deployment of resources to address unprecedented environmental change at all levels and its potentially negative implications for economic and social development, especially for the poor and vulnerable groups in society.

Mutual accountability and the need for information

47. A foundation of global and foreign policy, and better governance for health, is accountability. Whether for donors to recipient countries, countries in implementing results and using all funds in a transparent manner, or nations responding to their citizens, accountability requires information. The notion of "mutual accountability" in particular has emerged to link those providing external assistance and recipient countries, each with specific obligations. In addition to the examples provided below, this theme will be discussed at the upcoming meetings of the World Conference on Social Determinants of Health (Rio de Janeiro), the High-level Forum on Aid Effectiveness (Busan, Republic of Korea), the Group of 20, Rio+20 and the Development Cooperation Forum.

48. Health indicators offer a tangible means to measure the extent to which development policies and plans have contributed to sustainable development goals and objectives, particularly where impacts on determinants in the physical and social environment are explicitly considered. The development of mechanisms is known to enhance accountability and transparency of the gains to human health and well-being that result from development initiatives, including indicators, enhanced access to information and more systematic public participation. Information also makes it possible to adjust and improve policies in different sectors through anticipation and documentation of the health gains and benefits they provide for and the clarification of those who benefit and those who do not, so as to create policies

[14] See WHO, document A64/10.

[15] See World Health Assembly resolution 64.24 on drinking water, sanitation and health.

that are inclusive, reduce health inequity and maximize potential health gains. On the national level, the way in which information is collected and analysed, and made accessible, requires urgent attention as the basis to monitor the implementation of health-related programmes and efforts.

49. An example of multiple stakeholders agreeing on approaches to accountability is the United Nations Commission on Information and Accountability for Women's and Children's Health. Through the 10 recommendations presented in its report, entitled *Keeping Promises, Measuring Results*,[16] the Commission created a system to track whether donations for women's and children's health are made on time, resources are spent wisely and transparently, and the desired results are achieved.

50. The core indicators included in the Declaration on the Prevention and Control of Non-communicable Diseases and previous such declarations, as developed by UNAIDS and WHO, serve to monitor progress and thereby increase accountability. The Declaration requests WHO, in collaboration with various stakeholders, to develop a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases. WHO is further requested to prepare recommendations for a set of voluntary global targets for the prevention and control of non-communicable diseases before the end of 2012. These are the cornerstone of future tracking and accountability. Similarly, countries are requested to consider the development of national targets and indicators to address the impacts of non-communicable diseases, and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants.

51. The United Nations system and countries will need to strengthen monitoring mechanisms to measure the impacts of the environment on health, identify emerging risks and evaluate the progress made, and to strengthen national risk assessment and early warning mechanisms to identify, assess and address health vulnerabilities posed by environmental degradation.[17]

III. Addressing the social determinants of health

52. *Closing the gap in a generation*, the report of the WHO Commission on Social Determinants of Health,[18] contains a series of recommendations for the ways in which a broad spectrum of sectors and stakeholders could address inequities, poverty and risk factors that endanger good health. Recognition of these determinants and the need to take action has been a catalyst for the development of "Health in All" policies and "whole of Government" responses, as noted in the Political Declaration on Non-communicable Diseases.

53. In response, the World Health Assembly agreed to hold an international conference on social determinants of health. WHO and the Government of Brazil are thus sponsoring the World Conference on Social Determinants of Health, to be held

[16] Available from http://everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf.

[17] See A/CONF.206/6 and Corr.1, chap. I, resolution 2.

[18] Available from www.who/social_determinants.

in Rio de Janeiro in October 2012. As the discussion paper for the Conference notes,[19] there is no blueprint for how a country can implement a social determinants approach to address health inequities and relevant action needs to be adapted to the specific needs and context of each country.

54. Nevertheless, evidence from countries that have made progress in addressing social determinants and reducing health inequities shows that action is required across all of five key action areas, which are reflected in the five themes of the World Conference: (a) governance to tackle the root causes of health inequities: implementing action on social determinants of health; (b) promoting participation: community leadership for action on social determinants; (c) recognizing the role of the health sector, including public health programmes, in reducing health inequities; (d) global action on social determinants: aligning priorities and stakeholders; and (e) monitoring progress: measurement and analysis to inform policies and build accountability on social determinants.

55. To date, a range of multisectoral actions and policies, as noted in the present report, demonstrate the effectiveness of advancing social determinants of health. Specific lessons have been learned:

- Action on social determinants to reduce health inequities requires long-term, sustained implementation, but benefits can also become evident in the short term
- The first step is to build public understanding of health inequities and social determinants of health
- Equitable health and well-being need to be placed as a priority goal for Government and broader society — this is a moral imperative that coincides with national and international commitments to human rights
- Ensuring coordination and coherence of action on social determinants is essential
- A social determinants approach cannot be a "programme" that is rolled out, but requires systematic implementation and learning from the resulting experience in each context.

56. Enhancing better governance for health, including the setting of priorities and identification of multisectoral actions, requires coherent policy responses to reduce health inequities and the establishment of governance that clarifies the individual and joint responsibilities of different actors and sectors in the pursuit of health and well-being as a collective goal linked to other societal priorities. Other necessary features of governance include political leadership and long-term commitment, an engaged civil society, human resources with appropriate skills and knowledge, a "learning environment" that allows policy innovation and conflict resolution, and consistency between different policymaking spheres. There is also a need to establish who drives the action and takes the initiative, to clarify the roles of different sectors and groups, to ensure the participation of disadvantaged groups, to ensure accountability for the shared goal and to consider how to monitor progress. Principles of equity, transparency, inclusiveness, legitimacy and accountability underscore all social determinants' action.

[19] Available from http://www.who.int/sdhconference/.

IV. Conclusions

57. **Moving forward, the recommendations contained in the 2010 report on global health and foreign policy (A/65/399) remain valid and timely.**

58. **Health and foreign policy objectives are fundamentally and inextricably linked. As highlighted in the Millennium Development Goals, the achievement of results requires the mutually reinforcing actions of health and non-health sectors. Countries, with the assistance of the multilateral system, should define and implement strategies that are holistic and comprehensive, advance national ownership, contribute to greater cohesion and coordination among stakeholders, and advance mutual accountability. Global health is an integral component of achieving security, prosperity, equity and dignity nationally and throughout the international community, and is thus a strategic interest of foreign, health and global policies, which in turn support political commitment to, and institutional foundations for development cooperation on global health.**

59. **The Oslo Ministerial Declaration of 2007 on foreign policy and global health recognized that in an era of globalization and interdependency, health must be a defining lens for foreign policy. Moreover, the potential synergy of actions to address the world's greatest problems, including climate change, environmental degradation and communicable and non-communicable diseases, with the responses to the financial, food, energy and climate change crises, offers major opportunities for health and development that should be at the centre of foreign policy. The challenge now is to implement these actions and, where applicable, the national obligations arising from international accords.**

60. **Global health issues and initiatives appear with increasing frequency in all foreign policy contexts, including bilateral relations, regional organizations, other intergovernmental processes and multilateral institutions. This reflects the important role that health, in all of its dimensions, plays in the lives of the world's citizens. It also reflects the opportunity that health provides in helping to serve as a bridge across nations and sectors.**

61. **In the past year, a series of high-level United Nations meetings addressing health issues have encouraged political and programmatic actions from a number of non-health sectors. In particular, addressing the agenda for non-communicable diseases and responding to the Political Declaration on Preventing and Controlling Non-Communicable Diseases offers major opportunities to identify priority actions and policies in various sectors to reduce the prevalence of preventable diseases and their risk factors. Success will have significant benefits for economies, communities and countries.**

62. **Foreign policy considerations can have their greatest impact on health outcomes by incorporating the protection of health in policies regarding large-scale crises, such as food shortages, global economic crises, climate change and post-conflict reconstruction and development, following the example of integrating health considerations in policy and legal frameworks for responding to natural disasters and armed conflict. Similarly, strengthening international collaboration to prevent or minimize emerging or re-emerging threats to global health is also important, including support for WHO and national**

implementation of the International Health Regulations, and where appropriate, the negotiation of new strategies for effective collective action.

63. **Facilitating strong governance for global health requires a strong United Nations system, notably the World Health Organization. As has been demonstrated in the past year, an increasing number of efforts involving WHO, together with other United Nations agencies, represents a novel approach to securing efficient and broader coordinated, cohesive, and multidimensional outcomes and solutions to specific issues. Greater support for and use of WHO to serve as the leading and coordinating authority for health, as well as other policy instruments to enhance policy coordination and coherence, can reduce fragmentation.**

64. **With the world community facing continued fiscal, energy, food, environmental and humanitarian crises, in order to allocate scarce resources, decision makers need to better understand (a) epidemiological trends of diseases, including those related to economic, social, environmental, or other risk factors, (b) the impacts on health outcomes, (c) the benefits accruing to other sectors from addressing health and (d) what key non-health actions are required to make a difference for health outcomes. Wherever possible, joint analyses of foreign policy interactions should be conducted.**

65. **Advancing the social determinants of health agenda will require political commitment at the highest levels, actions to reduce inequities in health access in order to achieve universal access, an enhanced evidence base for actions, inclusive governance supporting accountability, and monitoring and evaluation of results. There is an urgent need to act on social determinants for the final push towards achieving the Millennium Development Goals, to protect economic and social development, and to build social protection systems, including a comprehensive health system to deliver universal coverage of a standard package of health services. Global health and foreign policy interactions, both in substance and use of respective platforms, can significantly advance the agenda.**

66. **Looking ahead to 2012, a number of international meetings offer the opportunity to address long-standing development issues, including how best to prioritize and implement actions to benefit health outcomes and to reinforce structures and processes to support more coordinated and coherent policies, actions and resource flows.**